

BENEFICIARY DESIGNATION FORM PERS-BSD-241

PURPOSE

The purpose of the PERS-BSD-241, "Beneficiary Designation," is to:

1. Provide a means for a member who is not retirement eligible and who is not eligible for the Alternate Death Benefit to designate beneficiaries *other than the statutory beneficiaries provided by the retirement law*. The statutory beneficiaries are listed under item C on the front of the BSD-241.
2. Provide a means for a married member or a member who is in a registered domestic partnership eligible to retire (age 50 or over with a minimum of five years of service credit for a First-Tier member, or age 55 or over with a minimum of ten years of service credit for Second-Tier member) or who is eligible for the Alternate Death Benefit (under age 50 for First-Tier member or under age 55 for a Second-Tier member, with 20 or more years of service) to designate beneficiaries to receive a one-time payment of the member's community property share. (The spouse/partner, by law, is still entitled to a choice of a monthly allowance or lump sum benefit. But, the amount is limited to just their community property share if the member designates other beneficiaries on this form.)
3. Change the designated beneficiaries.
4. Designate any person or legal entity such as a college, university, corporation, trust, or estate as beneficiary.

One of the following life events will revoke the BSD-241:

- a. *Marriage/Registration of Domestic Partnership.*
- b. *Dissolution or annulment of marriage or termination of domestic partnership. (However, a designation filed after the initiation of a dissolution of marriage, termination of partnership or annulment is NOT revoked when the dissolution, termination or annulment is finalized.)*

- c. *Birth or adoption of a child.*
- d. *Termination of employment which results in a refund of contributions or in payment of a monthly retirement allowance.*

NOTE: Following a revoking action, the statutory beneficiaries then become the designated beneficiaries unless a new Beneficiary Designation Form (BSD-241) has been filed. The order of statutory beneficiaries is listed in item C on the front of the PERS-BSD-241.

SPECIAL INSTRUCTIONS

1. Changes on the form are acceptable only when they are clear and initialed by the member.
2. Have the employee complete the Beneficiary Designation form, make a copy for your records, then mail to CalPERS. It may also be faxed to (916) 795-3933.
3. After CalPERS reviews the form, a confirmation letter will be mailed to the member within about 6 weeks. If the form is not acceptable, a new form will be mailed to the member.

NOTE: The Beneficiary Designation forms allow a member to designate benefits on a percentage basis if more than one beneficiary is named. The percentages must add up to 100%. If no percentage is indicated, the benefits will be paid equally to each beneficiary.

Also there is a box the member can check to certify they are not legally married or in a registered domestic partnership. If this box is checked, the "Justification For Absence of Spouse or Registered Domestic Partner's Signature" form is not required.

REPORTING AN IMMINENT DEATH OR TERMINAL ILLNESS/ POWER OF ATTORNEY

When an employer becomes aware of an employee's imminent death or terminal illness, the employer should immediately contact CalPERS by calling **888 CalPERS** (or **888-225-7377**).

Imminent death or terminal illness implies that the member is not expected to live more than 90 days. This also applies to cases where death may not necessarily be imminent, but competency to act in one's own behalf may become impaired thereby jeopardizing later desired retirement action.

If a person is competent to complete CalPERS Special Power of Attorney form (PERS-OSS-138) contained in the Power of Attorney publication [PERS-PUB-30], the person may give his/her "attorney in fact" the power and authority to complete transactions relating to CalPERS, including filing applications, making benefit elections, designating beneficiaries, and endorsing warrants.

NOTE: Transactions may be limited by the California Probate Code, Section 16004(c), and California Civil Code, Section 2322(c).

To expedite processing, the person reporting an imminent death should provide the Retirement System with the following information:

1. Member's name, Social Security number, and birth date.
2. Probable effective retirement date.
3. Current salary information and balance of accumulated sick leave.
4. Name, relationship, birth date, and sex of the person to be designated as the member's beneficiary.
5. Address and telephone number where information can be communicated.
6. Nature and seriousness of illness, estimated life expectancy, and whether the member is presently competent.

The Retirement System will then contact the parties concerned regarding the benefit options available, the filing requirements which must be satisfied, and how best to expedite the filing process.

NOTE: In order for CalPERS to carry out the desired retirement action (e.g., provide an allowance to the beneficiary), it is imperative that the member be alive on the effective date of retirement and an election filed with CalPERS prior to the effective date of retirement. The retirement application/election form can be faxed to CalPERS at (916) 795-3988 with a notation of "Emergency Retirement" in the top margin of the front page. The original should be given to the member for his/her records.

POWER OF ATTORNEY

For information on "The Power of Attorney" (PERS-PUB-30) please visit our Web site at www.calpers.ca.gov or to order a supply please refer to the "Ordering Forms and Publications" section of this Handbook.

NOTE: If the member is married or in a registered domestic partnership and the member's life expectancy is so short that there is no time to call CalPERS, then you should complete a Disability Retirement application (BSD-369D). This form can be found in the "Disability Retirement Election Application" publication (PERS-PUB-35) or on the CalPERS Web site. You cannot elect an option or name a beneficiary, but you must complete the "Survivor Continuance" Section 7. Write "Emergency" on the top of the first page then fax it to (916) 795-3988. Keep the original for your records. Upon receipt, CalPERS staff will call you.

DEATH OF AN ACTIVE MEMBER

EMPLOYER NOTIFICATION TO SYSTEM

Immediately upon learning of an employee's death, the employer should contact the Customer Contact Center at **888 CalPERS** (or **888-225-7377**) and provide the following information:

1. Member name, Social Security number, birth date.
2. Date of death, cause of death, date of separation.
3. Name, address, telephone number of next of kin.
4. If a spouse or registered domestic partner is next of kin, the birth date and date of marriage/partnership should also be provided.

CalPERS will send a partially completed PERS-BSD-738, Report of Separation for Death, with the following information:

1. Employer name and code
2. Name and Social Security number
3. Date of death

INSTRUCTIONS FOR COMPLETION— PERS-BSD-738

The employer should verify and if necessary correct any information on the form. The employer completes remainder of form as follows:

Part I — Effective dates

Separation Date — Enter if separation date or date of death differs from the last day on payroll for which contributions were deducted, enter last day on pay status.

Reason for Separation — Enter if separation is not due to death, enter reason for separation. Separation date cannot be later than death date.

Last Day on Pay Status — Enter last day on payroll.

Timebase — Enter timebase.

Required Hours — Enter the required hours if other than full time.

Part II — Payroll and contribution information

1. Dates of pay periods (monthly, semi-monthly, bi-weekly, or quadri-weekly) for the month of separation and each of the three months preceding separation.
2. Amount of full-time pay rate.
3. Gross regular amount earned in each pay period.
4. Amount of regular retirement contributions for each pay period.
5. Amount of special compensation earnings for each pay period.
6. Amount of special compensation contributions for each pay period.
7. Under "Other" column heading, explain other than normal contributions (e.g., retroactive salary increase, etc.)

NOTE:

1. Do not combine contributions for Special Compensation with normal contributions. Use the "special compensation" column.
2. Do not deduct retirement contributions from the lump sum vacation payments.
3. Do not delay submission of this form awaiting final payroll data. Estimate the last period's payroll information and label this line "Estimate."

Part III — Unused sick leave & education leave

Please indicate the total number of **days** of unused sick leave and educational leave credited to the member (for members who have attained the minimum retirement age or who are under age 50, but have at least 20 years of state service only) on death date. Show partial days to three decimal places.

Part IV – Health and dental insurance

Complete only if the member had health insurance coverage under the Public Employees' Medical and Hospital Care Act.

A request for change in health benefits coverage based upon change in family status (death) may be made by an enrolled surviving family member who continues to receive an allowance.

Part V – Signature

Have this form signed by an authorized officer; enter title, phone number and date. Then fax the completed form PERS-BSD-738 to CalPERS immediately to the fax number on the form.

NOTIFICATION BY OTHER THAN EMPLOYER

When CalPERS is informed of an employee's death by someone other than the employer, the System will also initiate the form PERS-BSD-738, partially filled in, and forward to the employer. The employer completes the balance of the form per instructions found in "Employer Notification to System."

CONTINUATION OF HEALTH BENEFITS

AB-1639 (G.C. section 19849.15) Overview
(Does Not Apply to CSU Employees)

Assembly Bill 1639 was passed into law on October 10, 1999, for survivors of State members. This bill was created to prevent the lapse of health coverage between the member's death and the determination of the survivors' health benefits eligibility and monthly allowance. The deceased member's employer must pay the total amount of the premiums for 120 days for eligible survivors; however, the employer may elect to bill survivors for the survivors' share of the premiums.

Procedures

- Employer reports the member's death to CalPERS.
- Employer completes an HBD-21 (Direct Payment Authorization form) using the survivors' Social Security number and demographic information.
- Employer requests the total health premium amount for 120 days of health coverage from the agency's Fiscal Office.
- Employer sends the completed HBD-21 and 120-day premium check directly to the health plan carrier.
- Employer bills the spouse or other eligible family member(s) for the employee's share of the cost.
- Employer completes the same steps for dental and vision benefits.

HBD-21 Instructions for AB 1639

Employers must complete and submit the following sections of the HBD-21 to the survivor's health plan for enrollment.

Part A

Employee Information

1. Survivor's Social Security number
2. Survivor's full name
3. Survivor's home phone number
4. Survivor's home address

Part B

Carrier and Premium

- 5a. Survivor's health plan's name and address
- 5b. Health plan 4 digit code (e.g., Kaiser 0562)
- 6a. Gross premium for 120 days of health coverage (4 months)
- 6b. Do not complete
- 6c. Do not complete
- 6d. No signature required
- 6e. No date required

Part C

Reason for Direct Pay

Always use box 14 (other) and write in the explanation box *AB 1639 survivor coverage for 120 days*.

Leave all other boxes blank.

Part D

Agency Information

- 15a. Name, address and contact number of the deceased member's employer
- 15b. Do not complete
16. Start and end dates of the survivor coverage under AB 1639 (4 month period beginning the first of the month following the member's death and ending the last day of the 4 month coverage)
17. Do not complete
18. Health Benefit Officer's signature
19. Date the HBD-21 was completed
20. Employer's telephone number



Benefit Services Division
P.O. Box 1652
Sacramento, CA 95812-1652
(888)CalPERS or (888)225-7377, FAX (916)795-1281

REPORT OF SEPARATION FOR DEATH – REQUEST FOR PAYROLL INFORMATION

PERS-BSD-738 (2/01)

PLEASE COMPLETE AND FAX TO (916) 795-1281 AS SOON AS POSSIBLE

| | | |
|--------------|--------------|----------------|
| Agency Code: | Agency Name: | |
| Member Name: | SSN: | Date of Death: |

We have been notified that the above member has died. Your cooperation in immediately providing the following information is an important part of ensuring the accurate and prompt payment of death benefits.

PART I. EFFECTIVE DATES REGARDING SEPARATION – Please explain any difference between date of separation and last day on pay status, or, if member was on a leave of absence give dates of absence. Timebase: indicate whether member was fulltime, part-time, indeterminate, or intermittent. If part-time, also indicate required hours (i.e., 30/40 for member working 30 hrs per week).

| | | |
|-------------------------|---|---------------|
| Separation Date: | Reason for Sep (if separation <u>not</u> due to death): | |
| Last Day on Pay Status: | Timebase: | Required Hrs: |

PART II. PAYROLL AND CONTRIBUTION INFORMATION – Please complete this section for the LAST FOUR MONTHS on pay status, by payroll service period. Contributions should not be deducted after separation. For retroactive pay increases, provide the inclusive dates of the increase as well as the new payrate, total earnings, and contributions for the period of the increase. Any special compensation should also be shown below (i.e., uniform allowance, holiday pay, etc.).

| Pay Period From To | Payrate | Gross Earnings (regular) | Member Cont. (regular) | Special Comp. Earnings | Special Comp. Contrib. | OTHER (specify) |
|--------------------------|---------|-----------------------------|---------------------------|---------------------------|---------------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PART III. UNUSED SICK/EDUCATIONAL LEAVE AT TIME OF SEPARATION - Please enter the total number of days of unused sick leave and educational leave credits (Section 20963.1) the employee had at the time of separation. Accumulated hours must be converted to days using the appropriate factor applicable to each employees' individual classification or position. Calculate to three decimal places.

TOTAL UNUSED SICK LEAVE: _____ DAYS
BALANCE OF EDUCATIONAL LEAVE CREDITS: _____ DAYS

PART IV. HEALTH AND DENTAL INSURANCE - To be completed only by State agencies and Public agencies which contract for health and/or dental coverage under the Public Employees' Hospital and Medical Care Act. Please attach copies of current health and dental enrollment forms. Failure to provide this information may result in lapse of coverage for eligible annuitants. Bargaining code will need to be provided for Public agency employees ONLY.

| Type of Coverage | Plan Name | Name(s) of Covered Dependents | Bargaining Code (If Applicable) |
|------------------|-----------|-------------------------------|---------------------------------|
| HEALTH INSURANCE | | | |
| DENTAL INSURANCE | | | |

PART IV. CERTIFICATION OF EMPLOYER – The above information is based on payroll information currently available.

Signature of Payroll Officer _____ Title _____ Telephone # _____ Date _____

INFORMATION FOR FAMILY OF DECEASED

When CalPERS is notified of an active employee's death, a letter (which may not provide an estimate of the benefits payable) and a PERS-PUB-55, "A Guide to Your...CalPERS Survivor Benefits" booklet will be sent to the next of kin. The booklet explains the benefits which may be payable and provides an Application for Active Member/Non-Member Survivor Benefits (PERS-BSD-1167).

If an estimate is not provided, or if only lump sum benefits are payable, the BSD-1167 may serve as the claim form if completed by the designated or statutory beneficiary. If there is a choice of monthly or lump sum benefit an election must be made on the BSD-1167. If the information provided in the initial BSD-1167, along with any designation on file, indicates the proper beneficiary remains to be contacted, a claim form will be sent to the proper beneficiary. Payment of death benefits will be as soon as possible after receipt of the claim form and any other documents required (e.g., marriage, birth, or death certificates).

To determine the beneficiary(ies), CalPERS will check the file for a valid *Beneficiary Designation (PERS-BSD-241) (See Beneficiary designations — Prior to Retirement). If a valid BSD-241 has been filed and if the member was eligible for retirement (1st Tier: at least age 50 with five or more years of service credit, 2nd Tier: at least age 55 with ten or more years of service credit), or if the Alternate Death Benefit (less than age 50 with 20 or more years of state service) is payable, the allowance payable to the surviving spouse will be reduced and the beneficiary(ies) designated will receive a one-time payment of the employee's community property share. If a BSD-241 is no longer valid or has not been filed, death benefits will normally be paid to the statutory beneficiary as follows:

- I. If the member was eligible for retirement or if the Alternate Death Benefit is payable on the date of death:
 - a) Member's surviving spouse or registered domestic partner, or if none
 - b) Unmarried minor child

- II. If the member was not eligible for a monthly allowance:
 - a) Member's registered domestic partner or surviving spouse (whether or not still living together at the time of death); or, if none,
 - b) Natural and adopted children, including (in limited circumstances) a natural child adopted by another, share and share alike; or, if none,
 - c) Parents, share and share alike; or, if none,
 - d) Brothers and sisters, share and share alike; or, if none,
 - e) Member's estate (if probated, or subject to probate); or, if not,
 - f) Member's trust, if one exists; or, if not,
 - g) Stepchildren, share and share alike; or, if none,
 - h) Grandchildren, including step-grandchildren, share and share alike; or, if none,
 - i) Nieces and nephews, share and share alike; or, if none,
 - j) Great-grandchildren, share and share alike; or, if none,
 - k) Cousins, share and share alike.

**Any of the following events will, by law, revoke a Beneficiary Designation (BSD-241):*

- a) *Marriage or registration of domestic partnership.*
- b) *Dissolution or annulment of marriage or termination of partnership if initiated after the designation was filed.*
- c) *Birth or adoption of a child.*
- d) *Termination of employment which results in a refund of contributions or in payment of a monthly retirement allowance.*

NOTE: Following the member's death, a spouse or registered domestic partner may request a "Disclaimer of Benefits" form if he/she does not wish to receive their community property interest in the death benefits. If the "Disclaimer of Benefits" form is completed, then the entire Basic Death Benefit may be paid to the person(s) designated on the BSD-241, unless the member is survived by a minor child who would become the statutory beneficiary entitled to a monthly allowance.

RETIREMENT — GENERAL

STEP-BY-STEP INSTRUCTIONS

For step-by-step instructions on completing the forms used to process a Service Retirement, please refer to “A Guide to Completing Your CalPERS Service Retirement Election Application” (PERS-PUB-43) or visit the “Employer Forms and Publications Directory” on the CalPERS Web site.

REQUEST FOR ESTIMATES OR COUNSELING

Members may wish to receive an estimate of their CalPERS retirement allowance. There are several important things members should know about CalPERS retirement estimates:

1. Members may receive immediate estimates by using the CalPERS On-Line Retirement Planning Calculators, available on the CalPERS Web site, **www.calpers.ca.gov**. Using the online Retirement Planning Calculators allow members the flexibility to calculate an estimate using assumptions or projections anticipated by or known to the member, allowing them to determine the best retirement date based on these anticipated changes or projections. This is also the recommended service for members seeking retirement estimates greater than three years in the future. Since our CalPERS-generated estimates do not project future salary increases, changes in time base, or unreported special compensation, members may not find them useful.
2. CalPERS-generated retirement estimates are processed by the Member Services Division. These estimates use the payroll reported by the employer. However, actual final compensation may be different after payroll reconciliation and review, and will be based on compensation allowable by law. Members who are within three years of retirement may request a CalPERS-generated Retirement Estimate online, but you first have to register for an online User ID and Password on our CalPERS Web site. Or download, complete and submit the CalPERS Retirement Allowance Estimate Request (PERS-MSD-470) also available online. Alternatively, a request can be made by calling CalPERS at **888 CalPERS** (or **888-225-7377**).
3. All information on the PERS-MSD-470 must be completed before an estimate can be processed. **Important:** Please be sure the address and Social Security number are legible.
4. Retirement benefit estimates will be mailed to the address indicated on the PERS-MSD-470 within 30 days of receipt of the request by CalPERS.
5. A request for an estimate is **NOT** an application for retirement. A Service Retirement Election Application (PERS-BSD-369-S) or Disability Retirement Election Application (PERS-BSD-369-D) must be submitted to apply for retirement. An application for retirement may not be used to request an estimate. If the member plans to retire in the near future, the employer should provide the member with our CalPERS brochure “Planning Your Service Retirement” (PERS-PUB-1) and the CalPERS State Miscellaneous and Industrial Benefits booklet (PERS-PUB-6) or the CalPERS State Safety Booklet (PERS-PUB-7).
6. Members are encouraged to attend a Financial Planning Seminar and the Retirement Planning Workshop prior to submitting their application for retirement. These seminars and workshops provide valuable information on planning for retirements. The latest schedules are located on the CalPERS Web site at **www.calpers.ca.gov** or you may contact CalPERS at **888 CalPERS** (or **888-225-7377**) to obtain further information.

WHEN TO APPLY

An application for retirement should be forwarded to the Benefit Services Division not more than 90 days prior to the desired effective date.

NOTE: A disability retirement application should be submitted as soon as a medical condition becomes disabling and prior to the expiration of benefits to ensure the member is eligible for the earliest effective date possible.

This advance notice permits CalPERS to make calculations and begin payments on a timely basis.

Members should be advised of this and encouraged to mail their applications to: CalPERS Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711.

ADDITIONAL NOTES FOR SUBMITTING FORMS

If the application is submitted by FAX to the Benefits Services Division, DO NOT send the original hard copy application.

DO NOT submit any original Certificates (Marriage, Birth, Death, etc.). Send only photocopies of important documents, as CalPERS can not return original documents. Each page should have the member's Social Security Number for identification.

If the application was received within nine months after discontinuance of employment, or, in the case of retirement for disability, if the member was physically or mentally incapacitated to perform his or her duties within nine months from the date the member discontinued state service, the effective date of retirement will be the day following the last day of payroll.

In the case of an application for retirement filed with the board more than nine months after discontinuance of the member's state service, the effective date shall be the first of the month in which the member's application was received at an office of the board or by an employee of this system designated by the board.

WHO MAY APPLY

For **service retirement**: A **First-Tier** state member who has reached age 50 and has earned at least five years of credited service or a **Second-Tier** member who has reached age 55 and has earned at least ten years of credited service may submit an application for retirement.

The application must be submitted by the member and show a definite retirement date. It is the employee's responsibility, not the employer's, to see that the retirement application is sent to the System.

NOTE: A member who is **employed on a permanent part-time basis** and has worked at least five calendar years for First-Tier or ten years for Second-Tier may be eligible to retire with less than five or ten years of credited service. The retirement benefit the member will receive will be based on their actual service credit amount. (G.C. section 20970)

For **disability retirement or industrial disability retirement**: please refer to the instructions found under "Disability Retirement or Industrial Disability Retirement" in this section of the handbook.

REQUESTING ADDITIONAL SERVICE CREDIT

All requests for service credit cost information must be received prior to the member's effective retirement date.

The retirement date can be no earlier than the day following receipt of the request by CalPERS.

Therefore, it is important that the member request any additional service credit information well in advance of his/her retirement to avoid possible delays in the retirement date.

"A Guide to Your CalPERS Service Credit Purchase Options" (PERS-PUB-12) can be requested by employers from the CalPERS Central Supply Section or downloading a copy from the CalPERS Web site at www.calpers.ca.gov.

Service credit and questions should be directed to:

CalPERS Member Services Division
P.O. Box 4000
Sacramento, CA 95812-4000
888 CalPERS or (888 225-7377)

CANCELLATION OF RETIREMENT APPLICATION

If a member desires to cancel the service retirement application or defer retirement to a later date, the member must request to do so prior to the issuance date of the first full monthly payment. For cancellation of disability retirement, refer to the instructions found under the "Disability or Industrial Disability" section. A cancellation is binding; the member must thereafter re-apply whenever the member is ready to retire.

1. Once the first full monthly payment has been issued, the member will not be allowed to cancel the retirement.
2. A member may request a refund of accumulated contributions in writing in lieu of retirement prior to the issuance of the first full monthly payment.

SERVICE RETIREMENT

MINIMUM REQUIREMENTS FOR SERVICE RETIREMENT

A member shall be retired for service upon written application if the member has reached the minimum retirement age and has earned at least five years of credited service under First-Tier or ten years under Second-Tier. Minimum retirement age is 50 for First-Tier retirement plan and 55 for Second-Tier retirement plan. A member with credited service under both First-Tier and Second-Tier should contact CalPERS for exceptions to the Second-Tier minimum age and service requirement.

SERVICE RETIREMENT PROCESSING — DOCUMENT SEQUENCE

1. **PERS-BSD-369-S — “Service Retirement Election Application”** is received in the System from the member.

Please note that if the member is married but is not able to obtain the spouse’s signature on the “Service Retirement Election Application” form they must complete a Justification for Absence of Spouse’s Signature (PERS-BSD-800-A). The application package includes information regarding required marriage and birth date evidence. **Do not submit any original certificates.** Send only photocopies of important documents, CalPERS can not return original documents. Each page of all documents submitted to CalPERS should reflect the member’s Social Security Number in the upper right hand corner for identification.

The Direct Deposit Authorization form (PERS-BSD-1199-P) can also be submitted with the election application form.

2. **Employer Certification** is included in Section 7 of the service retirement application and must be completed before the member submits the application to CalPERS in order to receive sick leave or educational leave credit on their first retirement payment.

To receive sick leave credit or educational leave credit, according to Collective Bargaining Unit contracts, the member’s retirement date must be within 120 days from the date of separation from the employer granting the sick leave or educational leave.

NOTE: Sick leave/educational leave information must be reported in days only. Employers can take whatever in-house procedures they desire to ensure appropriate sick leave/educational leave days are reported. For instance, the employee’s sick leave/educational leave can be taken off the books the day the certification is completed.

The T-Log process is still used to give members credit for unused sick leave/educational leave **ONLY** when the employer does not certify the days of unused sick leave/educational leave on the application for retirement. If there were sick leave/educational leave days certified on the application and T-Log has a different amount, the information on the application is used. If an employer needs to correct the certified amounts, please use the PERS-BSD-200A.

Conversion of Sick Leave/Educational Leave Credits for Employees working Eight Hours per Day

All employees, regardless of their work schedule (6.6 hours, 10/4/40, 9/8/80, 52 hour, etc) will have any accumulated unused hours of sick leave service credit/educational leave divided by **eight** to determine the number of days to report to CalPERS for the purposes of enhancing the retirement benefit. **No exceptions.**

Sick leave is converted to service credit by: days or reported sick leave X .004 = service credit. Example: 35 days X .004 equals .140 years of service credit.

NOTE: The accrual of sick leave/educational leave credits must be consistent for members of the same group or class who work like or similar hours. Service credit, which was not earned through the “accrual of sick leave/educational leave” policy, may not be credited on an individual basis for the purposes of enhancing the retirement benefit. Unused sick leave/educational leave for which a member receives compensation, (sick leave/educational leave cash out) should not be reported to CalPERS for purposes of enhancing the retirement benefit.

3. **An Acknowledgment Letter** is sent to the member (PERS-BAS-451A) and the employer (PERS-BSD-197) within 5-10 days of receipt of the PERS-BSD-369-S in our Sacramento Headquarters office letting them know we have begun processing the request. If the member does not receive an acknowledgment letter within 10 days they should contact the System immediately. (See copy on pages that follow.)
4. **PERS-BSD-11** — Notice of Benefit Approval will be sent to the member prior to receipt of the first retirement check. This letter will provide the date of the first retirement check, the amount the member can expect to receive and important income tax information. If the member has CalPERS health coverage, the health insurance letter will have information about those benefits. They should keep these letters along with other CalPERS documents and check the information immediately if any information is not correct. (See copy on pages that follow.)

NOTE: The member must notify CalPERS prior to the issuance of their first full benefit payment if any changes need to be made in their benefit option election, beneficiary or retirement date.

5. **PERS-BSD-11-A — Account Detail Information Sheet** is an attachment to the PERS-BSD-11, which explains the data used to calculate the member’s retirement allowance. (See copy on pages that follow.)
6. **PERS-BAS-62 — Notice of Placement on Retirement Roll** is sent to the employer after the employee is placed on the retirement roll. The BAS-62 provides the employer with the number of sick leave days that were included in the employee’s retirement calculation.

PLEASE NOTE: The PERS-BAS-62 is mailed to the employer prior to the issuance of the member’s first retirement check, but usually after the member’s separation date. (See copy on pages that follow.)
7. **PERS-BSD-200 — Requested Employer Certification** form must be requested and completed by the employer if the retirement application is sent to CalPERS without the certification section completed. An adjustment will be completed upon receipt of the form. (See copy on pages that follow.)
8. **PERS-BSD-200A — Amended Employer Certification** form can be used by employers that wish to submit corrected certification information. An adjustment will be completed upon receipt of the form. Contact CalPERS for a copy of this form. (See copy on pages that follow.)

For future employment of the retiree, please refer to the section on Employment of a Retiree and the section on Reinstatement from Retirement.

EMPLOYER ACKNOWLEDGMENT LETTER PERS-BSD-197



BENEFIT SERVICES DIVISION
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or 888-225-7377)
TDD - (916) 795-3240; FAX - (916) 795-3933

Reply to Section 414
Refer to No.
June 11, 2007

TO: 5217 St Prison Corco
Personnel Section
CGC 12049

From: Benefit Services Division

Subject:

This is to advise you that an application for Service Retirement is being processed for the above member.

You will receive letter PERS-BAS-62, Notice of Placement on Retirement Roll, after the member is placed on the retirement roll. This letter will provide the employee's effective retirement date and the number of sick leave days that were included in the employee's retirement calculation.

Please provide your employee with information concerning continuation of health and dental benefits into retirement, if applicable.

Note: If the employee is eligible to continue his/her dental coverage, a new dental enrollment form must be submitted to:

CalPERS, Benefits Services Division
Attn: Forms and Roll Administration Unit
PO Box 942716
Sacramento, CA 94229-2716

For information regarding health and dental eligibility or enrollment processing procedures for annuitants, please refer to your Health Benefits Procedure Manual or contact Health Benefit Services Division at 888 CalPERS (or 888-225-7377).

PERS-BAS-197

MEMBER ACKNOWLEDGMENT LETTER PERS-BAS-451-A



BENEFIT SERVICES DIVISION

P.O. Box 942711

Sacramento, CA 94229-2711

888 CalPERS (or 888-225-7377)

TDD - (916) 795-3240; FAX - (916) 795-3933

Reply to Section 419

Refer to No.

December 20, 2007

Carmichael CA 95608

Dear :

Congratulations on your decision to retire! This letter is to acknowledge receipt of your application for service retirement effective December 31, 2007.

If you are currently enrolled in a CalPERS basic health plan you may continue your health insurance into retirement. Please contact your personnel office to ensure your health benefit coverage is active until your retirement processing is completed.

You may be entitled to receive a disability retirement if you are unable to work because of an illness or injury. To request a service pending disability retirement, you must complete a Disability Retirement Election Application. Please note that your retirement date cannot be earlier than the day following your last day on pay status.

CalPERS will send you a letter providing the date of your first retirement check, the amount you can expect to receive, and important income tax information. This letter is usually sent after you have separated from employment but before you receive your first retirement benefit check. Changes to the benefit option election you make, beneficiary you designate, or the retirement date you request, cannot be made after you receive your first full retirement benefit check.

Quality service is a high priority at CalPERS. We look forward to assisting you and making your transition into retirement a smooth and pleasant experience. Any changes to your mailing address should be reported to us immediately. Please direct any questions about your retirement to the above address or telephone number.

Retirement Calculation and Adjustments

MEMBER ACKNOWLEDGMENT LETTER PERS-BAS-451



BENEFIT SERVICES DIVISION
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or 888-225-7377)
TDD - (916) 795-3240; FAX - (916) 795-3933

Reply to Section 414
Refer to No.

December 28, 2007

Sheridan CA 95681

Dear :

This letter is to acknowledge receipt of your application for Service Retirement effective February 28, 2008 pending the approval of your Disability Retirement.

If you are currently enrolled in a CalPERS basic health plan you may continue your health insurance into retirement. Please contact your personnel office to ensure your health benefit coverage is active until your retirement processing is completed.

Please direct any questions about your retirement to the above address or phone numbers. These numbers are available 24 hours a day, 7 days a week. You may leave a message after working hours or on the weekend, and your call will be returned within 48 hours. Be sure to include your Social Security Number and daytime telephone number on all written inquiries.

You may request changes to your service Retirement application (i.e. retirement date change, cancellation of your application) by submitting a written request to this office. The request must be received before your first warrant is issued. Please note that your retirement date cannot be earlier than the day following your last day on pay status or the first of the month in which your application is received by this system.

You will be formally notified if you are found not eligible for disability retirement. The disability application may not be canceled after you have been found disabled.

You will receive a notification of your retirement allowance prior to the issuance of your first retirement warrant.

Quality service is a high priority at CalPERS. We look forward to assisting you and making your transition into retirement a smooth and pleasant experience.

Retirement Calculation and Adjustments

NOTICE OF BENEFIT APPROVAL PERS-BSD-11



BENEFIT SERVICES DIVISION
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or 888-225-7377)
TDD - (916) 795-3240; FAX - (916) 795-3933

Reply To: Section 412
Refer To: :00

December 21, 2007

YOUR SERVICE RETIREMENT ALLOWANCE:

Your election to receive the Unmodified Allowance has been processed. Your monthly retirement benefit is \$2,125.43* based on your retirement date of 12/29/2007. This amount does not include any deduction you have authorized this system to make. Your first regular warrant will arrive on or shortly after 02/01/2008 and will cover the period of 01/01/2008 through 01/31/2008. Your retroactive warrant will be issued on 01/03/2008, and will cover the period of 12/29/2007 through 12/31/2007. Your future retirement warrants will be mailed to arrive on or shortly after the first of the month following the month to which they apply.

Please endorse and cash or deposit each warrant promptly. Unless direct bank mailings are authorized, your personal endorsement is required. If you have requested direct deposit, it will take effect in 30 to 60 days.

Your retirement allowance shown above is an approximation of the amount you are eligible to receive. An adjustment to your account, if needed, to reflect an increase in service (i.e. Golden Handshake service credit), a change in retirement date, or increase in salary will be completed after final payroll information has been received. Any questions concerning an adjustment or pertaining to your future retirement benefits should be directed to the Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711 or by telephoning toll-free **888 CalPERS** (or **888-225-7377**).

BENEFICIARY/SURVIVOR ALLOWANCE:

Upon your death, benefits will be paid to your beneficiary in accordance with the designation indicated on your retirement election document. If you elected a benefit which requires marriage, domestic partnership, and/or birth documentation and you have not submitted these documents, please send them immediately to the Benefit Services Division. If the documents are not on file at the time of your death, it may be necessary to delay payment of benefits to your beneficiary.

Upon a qualifying life event after retirement, you may modify your election to Option 1, 2, 2W, 3, 3W, or 4 and name a new beneficiary. For more information on modification of election, request CalPERS publication, **"Changing Your Beneficiary or Monthly Benefit After Retirement"**.

:00

INCOME TAX INFORMATION:

The following information regarding your contributions will assist you in the determination of the taxability of your benefit.

| CONTRIBUTIONS: | Total Contributions and Interest | Interest | Taxed Contributions | Non-taxed Contributions |
|----------------|--|--------------|------------------------|----------------------------|
| Normal | \$ 40,660.12 | \$ 18,662.28 | \$ 423.95 | \$ 21,573.89 |
| Total | \$ 40,660.12 | \$ 18,662.28 | \$ 423.95 | \$ 21,573.89 |

Based on your taxed contributions, your monthly tax free amount is \$1.63.

The staff of the California Public Employees' Retirement System hope that your transition into retirement has been a pleasant experience. We look forward to assisting you in the future.

Retirement Eligibility and Payment Section

PERS-BAS-11

PAS313 PA313G

ACCOUNT DETAIL INFORMATION SHEET PERS-BSD-11-A



BENEFIT SERVICES DIVISION
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or 888-225-7377)
TDD - (916) 795-3240; FAX - (916) 795-3933

San Diego CA 92107

SSA#:
Retirement Date:
Age at Retirement:
Beneficiary Date of Birth:

ACCOUNT DETAIL INFORMATION SHEET

The following is the data used to calculate your retirement allowance. Any change in the information reflected below could result in a change to your retirement benefit. An adjustment to your account, if needed, will be completed after final payroll information has been received from your employer.

| EMPLOYER NAME | TYPE OF SERVICE | YRS OF SERVICE | FORMULA / BENEFIT FACTOR | FINAL COMP |
|-----------------|-----------------|----------------|--------------------------|------------|
| EMPLOY DEV DEPT | NORMAL SERVICE | 18.660 | 2% @ 55 / 2.500 | 4,185.22 |
| EMPLOY DEV DEPT | SICK LEAVE | 0.004 | 2% @ 55 / 2.500 | 4,185.22 |
| EMPLOY DEV DEPT | NORMAL SERVICE | 1.068 | 2% @ 55 / 2.500 | 4,185.22 |
| EMPLOY DEV DEPT | NORMAL SERVICE | 1.250 | 2% @ 55 / 2.500 | 4,185.22 |
| | | | | |
| | | | | |

Final compensation is your highest average monthly pay rate for the last consecutive 12 or 36 months of employment based on your employer's contract. If your service was coordinated with Social Security, we subtracted \$133.33 from the final comp amount shown above, before determining your benefit.

Retirement Eligibility and Payment Section
Benefit Services Division

BSD-11A (8/01)

California Public Employees' Retirement System

PAS213 - OSBNL11C
OSP2313V

HEALTH INSURANCE INFORMATION LETTER



BENEFIT SERVICES DIVISION
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or **888-225-7377**)
TDD - (916) 795-3240; FAX - (916) 795-3933

Reply To: Section 412
Refer To:

December 21, 2007

San Diego, CA 92107

HEALTH INSURANCE INFORMATION

PLEASE RETAIN THIS LETTER FOR HEALTH INSURANCE PURPOSES

Your CalPERS sponsored health benefit plan has been automatically continued into retirement effective 02/01/2008.

If you paid premiums directly to your health plan carrier pending your placement on the retirement roll, the carrier will refund any excess premiums to you.

Please review your first retirement warrant to verify that the correct health coverage deduction is shown. If your health plan is shown incorrectly, please contact the CalPERS Health Benefit Services Division, P.O.Box 942714, Sacramento, CA 94229-2714 or by telephoning **888 CalPERS** (or **888-225-7377**).



BENEFIT SERVICES DIVISION
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or **888-225-7377**)
TDD - (916) 795-3240; FAX - (916) 795-3933

Refer to:

Danville CA 94526

Dear :

During the processing of your application for retirement it was determined you are currently having deductions taken or making payments for a service credit purchase or mandatory adjustment to your account. This letter is to advise you that any remaining payments will automatically be deducted from your retirement allowance on an after-tax basis. The first deduction will be taken approximately two months after you begin receiving your retirement allowance.

If you wish to pay your account in full after the deductions begin, please write to our Fiscal Services Division at PO Box 942710, Sacramento, CA 94229-2710 or call **888 CalPERS** (or **888-225-7377**).

The balance of your remaining payments will not be included in the total contribution and tax-free amounts on the notification of retirement allowance letter you will receive prior to the issuance of your first retirement warrant. Your account will be adjusted and a letter reflecting the corrected amounts will be mailed to you.

If you have any questions about the deductions for your service credit purchase please contact our Member Services Division at **888 CalPERS** (or **888-225-7377**).

Retirement Eligibility and Payment

NOTICE OF PLACEMENT ON RETIREMENT ROLL PERS-BAS-62



BENEFIT SERVICES DIVISION
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or 888-225-7377)
TDD - (916) 795-3240; FAX - (916) 795-3933

To: Los Angeles Cou (245/60004)
Personnel Unit Code 771
1830 Nogales St.
Rowland Heights CA 91748

Reply to Section 412
Refer to No. :00
December 20, 2007

From: Benefit Services Division
California Public Employees' Retirement System

Subject: :00

Notice of Placement on Retirement Roll:

This is to advise you that the employee named above has been placed on our 01/2008 Service Retirement Roll with an effective date of 12/29/2007 and separation date of 12/28/2007. 12.875 days of unused sick leave have been credited to the member's account.

In accordance with the Public Employees' Retirement Law, the employee must be separated from employment at least one day prior to the effective date of retirement. Please notify us immediately if separation did not occur by that date.

Please see your 'Procedure Manual for Reporting to the California Public Employees' Retirement System' for information regarding employment of a retired member.

PERS-BAS-62

California Public Employees' Retirement System

PAS313 OSBNL11C
OSPAS3137

REQUESTED EMPLOYER CERTIFICATION PERS-BSD-200



California Public Employees' Retirement System

REQUESTED EMPLOYER CERTIFICATION

An employer certification is required to complete processing of the application for retirement for the member named below. The information requested is necessary to accurately adjust the member's retirement allowance. Please complete this form and return it immediately so processing can continue.

| | | |
|--|----------------------------------|------------------------|
| TO: CALPERS P.O. BOX 942711 SACRAMENTO, CA 94229-2711 | From Agency Code and Name | |
| Member Name | Social Security Number | Retirement Date |

| | | | | | |
|---|--|------------------------------------|----------------------|-----------------------|----------------------------------|
| Employee's Last Day on Payroll / / | Employee's Separation Date / / | | | | |
| Balance of unused sick leave hours _____ ÷ 8 = _____ days Balance of educational leave hours _____ ÷ 8 = _____ days | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> _____ Employer Signature </td> <td style="width: 50%; text-align: center;"> _____ Date </td> </tr> <tr> <td style="width: 50%; text-align: center;"> _____ Title </td> <td style="width: 50%; text-align: center;"> _____ Telephone Number </td> </tr> </table> | | _____ Employer Signature | _____ Date | _____ Title | _____ Telephone Number |
| _____ Employer Signature | _____ Date | | | | |
| _____ Title | _____ Telephone Number | | | | |

BSD-200

California Public Employees' Retirement System
www.calpers.ca.gov

AMENDED EMPLOYER CERTIFICATION PERS-BSD-200A



California Public Employees' Retirement System

AMENDED EMPLOYER CERTIFICATION

| | | |
|---|---------------------------|-----------------|
| TO: CALPERS P.O. BOX 942711 SACRAMENTO, CA 94229-2711 | From Agency Code and Name | |
| Member Name | Social Security Number | Retirement Date |

| | |
|--|---------------------------------------|
| Employee's Last Day on Payroll / / | Employee's Separation Date / / |
| Balance of unused sick leave hours _____ ÷ 8 = _____ days | |
| Balance of educational leave hours _____ ÷ 8 = _____ days | |
| <div style="display: flex; justify-content: space-between; margin-top: 40px;"> <div style="width: 45%; text-align: center;"> <hr/> Employer Signature </div> <div style="width: 45%; text-align: center;"> <hr/> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 40px;"> <div style="width: 45%; text-align: center;"> <hr/> Title </div> <div style="width: 45%; text-align: center;"> <hr/> Telephone Number </div> </div> | |

BSD-200A

California Public Employees' Retirement System
www.calpers.ca.gov

DEDUCTIONS AFTER RETIREMENT

HEALTH INSURANCE

Health eligibility continues for a retiree of the CalPERS Health Program under the following conditions:

- The retiree was eligible for CalPERS health enrollment upon permanent separation of employment;
- The retiree receives a monthly retirement allowance from CalPERS; and
- The effective date of retirement is within no more than one full pay period following the effective date of permanent separation of employment

If the retiree meets all of the above conditions but the effective date of retirement is greater than one full pay period up to 120 calendar days following the effective date of permanent separation, the retiree must submit a request to CalPERS for enrollment. The effective date of coverage will be the first of the month following the date the request is received by CalPERS.

IMPORTANT: If the retirement effective date is greater than 120 calendar days following the effective date of permanent separation, the retiree will not be eligible to elect enrollment in the CalPERS Health Program.

For questions on health insurance benefits, please refer to the "Health Benefits Procedure Manual for State Agencies."

DENTAL INSURANCE

A member must be enrolled in or eligible for a state dental plan on their date of separation from employment and retire within 120 days of separation. For questions on eligibility, please refer to the DPA Procedures Manual.

CalPERS sends a PERS-BAS-62 to notify you when a member is placed on the retirement roll. (See copy of the PERS-BAS-62 on page 209.) A STD-692 must be completed and sent to CalPERS in order to enroll a member in retired coverage. It is **not** necessary to have the member's signature on the form, it can be signed as an "Administrative Doc." The STD-692 needs to be completed using the retired plan codes, not active. Please list in the "Remarks Section," the member's separation date and retirement effective date.

VISION CARE

Beginning July 1, 2007, the State-sponsored vision plan is available to state annuitants. A member must be eligible for the vision care plan on the date of separation from employment and must retire within 120 days of separation. For additional information contact your personnel office or the Department of Personnel Administration at (916) 322-0300.

NOTE: Most deductions will stop at retirement and will need to be re-established (with the exception of health, dental and some union memberships).

DIRECT AUTHORIZATIONS

Direct authorization deductions for union dues, credit union payments or shares, or charitable organizations may be established provided that:

1. The organization has contracted with CalPERS to provide this service (members must contact the organization for this information);
2. The member authorizes to have money deducted through the organization;
3. The organization submits the authorization directly to CalPERS; and
4. Authorized deductions are *stopped or changed* upon receipt of written authorization from the organization.

The System's function is limited to the mechanics of deducting and determining what deduction authorization is proper. Inquiries concerning these type of "other deductions," should be directed to the organization.

INCOME TAX WITHHOLDING

Federal and California State income tax deductions will be withheld from monthly or lump sum benefit payments unless the annuitant specifically elects no tax withholding. Federal (W4P), and California State (DE4P) tax withholding forms must be completed to elect either a specific dollar amount of withholding, a withholding based on tax tables, or specifically elect no tax withholding. If the election form is not filed with CalPERS, automatic withholding begins based on a married person with three (3) exemptions. Any questions retirees have concerning the taxability of their allowance should be directed to the Internal Revenue Service or California State Franchise Tax Board.

PAYMENTS FOR PURCHASING SERVICE CREDIT

A member who previously elected to purchase public service credit, redeposit contributions for service credit, or has arrears contributions, may elect upon retirement to continue any payments due into retirement. In such cases, service credit will be included in the retirement calculation and a monthly payment will be taken from the member's retirement allowance. Any balance still unpaid upon the member's death shall be deducted from death benefits otherwise payable. A retired member's survivor entitled to a monthly survivor allowance may elect to continue such deductions from the monthly allowance in lieu of the lump sum payment otherwise required. The following criteria must be adhered to:

1. No installment payments (deductions) are permitted unless an election has been made prior to retirement.
2. Death benefits against which unpaid balances may be deducted include the lump sum benefit, survivor continuance benefits, and payments under all optional settlements.

SOCIAL SECURITY INSTRUCTIONS

Members having Social Security coverage, integrated with System coverage, should contact their local federal Social Security Office about three months before their retirement.

Reference material needed by the Social Security Office will be: Social Security number, name of the employer, and documentary proof of birth.

TEMPORARY ANNUITY PAYMENTS

Members who are retiring for service can elect to receive an additional monthly allowance from CalPERS.

For members entering CalPERS membership prior to January 1, 2002, the benefit is payable from retirement date to a specific age that the member selects, 59 ½ or any whole age from 60 to 68. The member can name the dollar amount they wish to receive within certain limitations.

For members entering CalPERS membership on or after January 1, 2002, their employment must be in a position covered by Social Security and the maximum dollar amount that can be received is the amount of their potential Social Security benefit. They must elect to receive temporary annuity payments until any whole age from 62 to 70.

This benefit is NOT free. The member's CalPERS lifetime allowance is permanently reduced to pay for the temporary annuity.

The Temporary Annuity brochure (PERS-PUB - 13) can be requested by employers from the CalPERS supply section. Member questions on the program can be directed to the CalPERS Web site at **www.calpers.ca.gov**, or by calling CalPERS at **888 CalPERS** (or 888-225-7377).

DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

You should maintain a supply of “A Guide To... Completing Your CalPERS Disability Retirement Election Application (PERS-PUB-35),” which includes the disability retirement application, forms to be completed with step by step instructions and important information regarding disability and/or industrial disability retirement. Please familiarize yourself with the information in the publication to provide assistance to your employees. CalPERS strongly recommends that members submit the CalPERS Retirement Allowance Estimate Request (PERS-MSD-470) prior to completing the Disability Retirement Election Application.

DISABILITY RETIREMENT

Retirement for *disability*, available to all members (Miscellaneous, Industrial, Safety classifications) credited with five or more years of service, is retirement resulting from mental or physical incapacity for the performance of the usual duties.

NOTE: A member who is **employed on a permanent part-time basis** and has worked at least five years for First-Tier or ten years for Second-Tier may be eligible to retire with less than five or ten years of credited service. The retirement benefit the member will receive will be based on their actual service credit amount. (G.C. section 20970)

INDUSTRIAL DISABILITY RETIREMENT

Retirement for *industrial disability*, available to all safety members and those miscellaneous members covered under G.C. section 21151, is retirement resulting from mental or physical incapacity for the performance of the member's usual duties. The disabling injury or disease must be work incurred or job-related. *State Industrial* members must show they were violently attacked by an inmate or parolee of the Department of Corrections, the Youth Authority, or a forensic facility of the Department of Mental Health that resulted in their disability. Age, service, and contributions are not considered for qualifying purposes.

WHEN TO APPLY

The application for disability retirement shall be made only (1) while a member is in state service, or (2) for a member, whose contributions will be made under G.C. section 20997, and is absent on military service, or (3) within four months after the discontinuance of the state service of the member, or while on an approved leave of absence, or (4) while the member is physically or mentally incapacitated to perform his/her duties from the date of discontinuance of state service to the time of application or motion.

As soon as it is believed the member is unable to perform the job because of an illness or injury, which is expected to be permanent, or last longer than six months, the member or someone on the member's behalf, should submit an application for disability retirement. The medical condition does not have to be “permanent and stationary” under Workers' Compensation to submit the application.

EMERGENCY RETIREMENT

CalPERS can expedite retirement processing for members who are facing a terminal illness. If this is the case, CalPERS should be contacted immediately to discuss an emergency retirement. We will make every effort possible to quickly obtain the necessary information and complete our processing. However, for any post-retirement death benefits to be paid, the member must be living on the effective date of retirement.

WHO CAN APPLY

Application for disability, or industrial disability retirement may be made by the member, by a **duly authorized official** of the employing agency, or any person on behalf of the member.

“Duly authorized official” referred to above, is defined in G.C.section 21152.

G.C. section 21153 provides that the employer may not separate a member because of disability who is otherwise eligible to retire for disability. The employer must apply for the disability retirement of such member unless the member waives the right to retire for disability and elects to either withdraw his/her contributions or leave them for a future service retirement.

APPLICATION PROCESS

The member or individual applying on the member's behalf, other than the employer, is responsible for forwarding all forms to the appropriate party(ies) for completion. (See “Employer Originated Application” section on page 216 when applying on a member's behalf.)

Estimate — The member's first step should be to request a Retirement Estimate online at the CalPERS Web site, or download, complete and submit the *CalPERS Retirement Allowance Estimate Request* form (PERS-MSD-470) also available online. Alternatively, a request can be made by calling CalPERS at **888 CalPERS** (or **888-225-7377**).

Complete Package — In order for CalPERS to process a request for disability retirement, a “complete package” must be received within 30 calendar days. If a complete package is not received within this time frame, CalPERS will cancel the member's application. A complete package consists of:

- A completed *Disability Retirement Election Application* (PERS-BSD-369-D)
- A completed *Authorization to Disclose Protected Health Information* (PERS-BSD-35) signed by the member
- A completed *Physician's Report on Disability* (PERS01 M0051 DMC) from a physician who specializes in the member's disabling condition. The physician must provide a diagnosis on the member's

condition and include information about how it prevents the member from performing his/her job duties (an incomplete form will delay the review process).

- An *Employer Information for Disability Retirement* (PERS01 M0052 DMC) with the job description attached. This form must be used as a cover sheet for the job description and any other documents the employer submits to CalPERS.
Submission of the job description should not be delayed for the completion of the *Report of Separation & Advance Payroll Information* (PERS-BSD-194). Employers should return the BSD-194 as soon as information is available.
- A completed Physical Requirements of Position/Occupation Title (PERS01 M0050 DMC) form providing detailed information on the specific physical requirements of the member's position or occupational title.
- A completed *Workers' Compensation Carrier Request* (PERS-BSD-92) from the insurance carrier, if the member has a job-related injury, with medical records attached related to the claimed disability.

All the required forms needed are included in “A Guide To . . . Completing Your CalPERS Disability Retirement Election Application” (PERS-PUB-35). The member should read the entire publication prior to completing any forms so the information submitted is complete and accurate. This will assist CalPERS in making a determination in a timely manner.

NOTE: It is the member's responsibility to follow up with the employer, workers' compensation carrier, and treating physician(s) to ensure the requested information is submitted to CalPERS. If the required information is not received within 30 calendar days, the application will be cancelled.